## STATE ADMINISTRATIVE MANUAL

## Management Memo

TAT	ANAGEMENT TYLEMO	NUMBER:	01-04
SUBJECT:	CAPITOL BUILDING DAMAGE RECOVERY CLAIM	DATE ISSUED:	02/20/01
		EXPIRES:	02/20/02
REFERENCES:		ISSUING AGEN	OY: MENT OF GENERAL SERVICES
		DEFANT	WENT OF GENERAL SERVICES

It is the intent of the State of California to submit one unified claim for damages to the party or parties responsible for the damage to the State Capitol building which occurred on January 16, 2001. In order to do this, the Department of General Services, Office of Risk and Insurance Management (ORIM), will need information and cooperation from all state agencies involved in the clean up, restoration, extra police, fire and security and additional staff time provided because of this event.

All Executive Branch agencies will submit their documentation for expenses, staff time and other related costs to ORIM for inclusion in the unified claim to be made. ORIM will be responsible for making and settling the claim on behalf of the State of California.

The Legislature and any involved Constitutional Officers are invited to consider using ORIM as their claims agent in this matter.

All state agencies intending to make a claim in this matter must contact ORIM by March 1, 2001. Please complete the attached informational sheet and send or fax to:

Department of General Services
Office of Risk & Insurance Management
1325 J Street, Suite 1800
Sacramento, CA 95814 IMS Code D-32
Fax number: (916) 322-6006
Attention: Rich Beck, Staff Risk Manager

An organizational meeting of all potential state agency claimants will be coordinated by ORIM in March to discuss all aspects of the recovery process including the various agencies' responsibilities in the claim process. If you have any comments or questions about this Management Memo, please contact Rich Beck(QRIM Staff Risk Manager, at (916) 322-8967, or by email at Rich.Beck@dgs.ca.gov.

Barry D. Keekie, Director

Department of General Services

BDK:RLM:jd

Attachment

## CAPITOL BUILDING DAMAGE RECOVERY CLAIM INFORMATION

Department or Agency:	
Contact Person:	
Address:	
Telephone:	
Fax Number:	
Email address:	
Services provided (staff time,	clean up, restoration, security, supplies and/or equipment, etc.):

**RETURN BY MAIL OR FAX BY MARCH 1, 2001 TO:** 

DEPARTMENT OF GENERAL SERVICES
OFFICE OF RISK & INSURANCE MANAGEMENT
1325 J STREET, SUITE 1800
SACRAMENTO, CA 95814 IMS CODE D-32

FAX: (916) 322-6006

ATTENTION: RICH BECK, STAFF RISK MANAGER